COMMUNITY COUNCIL OF METROPOLITAN ATLANTA, INC.
VOLUNTEER DATA FORM

NAME:	
ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
EMERGENCY CONTACT:	

Volunteer Position Preferred:	
Days/Hours Available:	

EDUCATION:

Name of School	Degree/Diploma	Graduation Date

SKILLS AND QUALIFICATIONS: LICENSES, SKILLS, TRAINING, AWARDS, ETC…

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EMPLOYMENT/VOLUNTEER HISTORY:
Please provide a summary of the jobs you held, duties performed, skills used or learned, and career advancements.

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REFERENCES:
(Please list three professional or personal references)

Name	Relationship	Telephone Number

COMMENTS:
Please describe the services and skills that you can provide as a volunteer staff person with the Community Council of Metropolitan Atlanta, Inc.

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I certify that information contained in this application is true and complete. I authorize the Community Council of Metropolitan Atlanta, Inc. to conduct a background or reference check, if deemed necessary for the specific volunteer position.

Signature:_____   Date:_____